

(Breakthrough, Vol. VII, No. 2, Spring 1989)

EMERGENCY SERIES WITH THREE SURGERY PATIENTS

by Suzanne E. Jonas, Ed.D. and Juan C. Penhos, M.D., F.A.C.S

Dr. Jonas is a private transpersonal therapist focusing on the effects of music and Hemi-Sync® on physiological symptoms and is a member of The Professional Division. Dr. Penhos is currently in the solo practice of General Surgery in Springfield, MA.

The following 3 cases were the first ones done by ourselves as a collaborative effort. They represent a variety of responses from slight to major. The patients were introduced to the concept of Music/Sound Therapy by Juan during an office visit. If they were receptive to the idea, he notified Suzanne who then contacted the patient. In an intake interview, she introduced them to Hemi-Sync and the *EMERGENCY SERIES*. They were instructed to listen to Tape 1 (*Pre-Op*) at least once a day prior to surgery, if not more. Tape 2 (*Intra-Op*) would be listened to during the operation, and Tape 3 (*Post-Op*) put into the Walkman by Juan when he had finished and the patient was being transferred to the Recovery Room. (Tape 3 was taped in its plastic case to the back of the Walkman.) The patients were instructed to use Tape 4 (*Recuperation/Pain Control*) if they felt any discomfort, before asking for any medications (the attending nurses were also alerted to offer the patient the tape before giving medications). Tape 5 (*Energy Walk*) was to be listened to if restless or bored. After signing a contract, the patients were given a Sony Walkman with an auto reverse feature and the 5 tapes to take home.

Patient #1—female, age 75, gall bladder surgery—was very receptive to the program and was eager to “help others by using this.” As Tape 1 was missing, she was given *Deep 10 Relaxation*, which she listened to 2 times a day for the 6 days prior to the surgery. She was very calm before entering the OR and needed less muscle relaxant than normal during the procedure. In the recovery room she was the only quiet one: she awoke as if from a nap, very calm with no agitation or nausea. She had less than average pain medication in the recovery room and on the floor she required none for the rest of her hospitalization. She used Tape 4 twice and then asked if she could go back to the first tape (*Deep 10 Relaxation*). She was ready to eat within 24 hours, fairly unusual; and her stay was reduced to 3 days (national average: 7-10 days). She continued to use *Deep 10 Relaxation* at home intermittently. Her follow-up exam showed excellent spirits, a good level of energy and prompt return to normal activity. This patient was very enthusiastic, committed, and very pleased with her experience. She said she “really felt differently after listening to the first tape (*Deep 10 Relaxation*)—more relaxed.”

Patient #2—female, age 37, complete hysterectomy—was outwardly enthusiastic about using the tapes. Prior surgery one year ago was a “horrendous” experience which she was greatly fearful of repeating. At that time, she had a great deal of vomiting in the recovery room and nausea (6 hours) afterwards, pain, and a slow recovery. She attempted to listen to Tape 1 once a day for the 8 days prior to surgery. However, she found it difficult to “find time with all the preparations for going into the hospital,” and would enumerate at great length. (She probably listened to the tape 4 or 5 times.) She was calm before entering the OR, and in the recovery room where she experienced pain but was not as sick as prior surgery or as agitated, vomiting only once. She requested the average amount of pain medications, having tried Tape 4 once. “They put me to sleep” and “I’m not sure they work,” were her responses to the nurses who urged her to use the tapes. She did listen to Tape 1 after the 3rd day and sporadically at home. Compared to her previous surgery which was also pelvic but much less extensive, she had a shortened hospitalization (3 days, usual being 5-7), better spirits, less reaction to medications, and an overall quicker recovery. Her follow-up exam confirmed an overall improved post-op course, in spite of the major nature of the surgery, especially when compared to the previous course!

Patient #3—female, age 60, gall bladder—was very open to the process as explained in the intake interview. She commented, “I’m a very easy subject for hypnosis,” although she has had no experience with it! She listened to Tape 1 once a day for 5 days prior to surgery. She was calm going into surgery and in the recovery room where she awoke quietly, experienced very little pain, and no nausea or retching. On the floor she used Tape 4 once a day for 2 days, and Tape 5 once. She received 3 doses of intra-muscular pain medication the first 24 hours post-op, then only twice by mouth; that was all she needed during hospitalization. She commented: “That number 5 was a doozy; very enlightening—VERY relaxing” (she would not comment further), and “I didn’t listen as much as you would have liked me to—I asked for a sleeping pill each night.” Her stay was also shortened to 3 days. At home she listened to Tape 1 “a couple of times,” but “was too busy with company to get much quiet time.” Her follow-up exam indicated prompt return to normal activity and good spirits.

Suzanne’s comments: These 3 cases are good examples of the effectiveness of the *EMERGENCY SERIES*, especially Tapes 1, 2, 3. I feel that the amount of effect is directly related to the belief system and commitment of the patients. Subsequent cases with other surgery patients also support this. Regardless, all of the patients did experience some improvement in the normal effects characteristic of major surgery. I feel strongly that the use of the ES tapes should be a part of everyone’s experience in surgery and am attempting to convince other surgeons; most are not even willing to listen. At this writing, we are submitting cases to the patients’ insurance companies; Prudential paid 95% and Medicare paid 34%, others have yet to respond. One other problem with regards to measuring drugs given in the OR has surfaced. It seems to be common practice for anesthesiologists to routinely give drugs

during surgery with little regard for whether the patient really needs more or not. This “cookbook” approach is therefore difficult to measure in terms relative to our monitoring.

Juan’s comments: The emotional benefits derived from the tapes are clear: patients’ pre-operative anxiety, normal for major surgery, melts away. The patients are actually happy and smiling, making them stand out in the pre-op area as well as in the recovery room. The real bonus, however, is a markedly shortened hospitalization, less use of pain medication, and a quicker return to normal activity, difficult to measure, but easily observable.

Hemi-Sync® is a registered trademark of Interstate Industries, Inc.
© 1989 The Monroe Institute